Wisconsin Nursing Homes and Residents 1996

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Center for Health Statistics
Division of Health
Department of Health and Family Services

Introduction

This report presents key information about Wisconsin nursing homes and their residents. The information is derived from the 1996 Annual Survey of Nursing Homes, which was conducted by the Wisconsin Division of Health, Center for Health Statistics, in cooperation with the Division's Bureau of Health Care Financing, the Division of Supportive Living, Bureau of Quality Assurance, and the state's nursing home industry. Where appropriate, data from previous surveys are also provided for comparison purposes. Because the Center for Health Statistics has changed the way in which it disseminates information, *Wisconsin Nursing Homes and Residents*, 1996 contains information previously reported in the annual *Wisconsin Nursing Homes* and the *Profile of Wisconsin Nursing Home Residents*.

Included in this report are data from 459 facilities licensed to provide nursing home services under state administrative codes HSS-132 and HSS-134. Excluded is information reported by the three State Centers for the Developmentally Disabled, as these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled; and data reported by Clearview Sanatorium, Delafield, as this religious facility differs significantly from other nursing homes in the types of care provided, and has been waived from Medicaid regulations. Data on these facilities can be found in the *Wisconsin Nursing Home Directory and Fact Book*, 1996.

In addition to facility-based data on nursing home residents, very detailed resident-based data were voluntarily provided by 153 (37 percent) of the 413 skilled nursing facilities (SNFs) in the state. These detailed data were derived from the federally-mandated Minimum Data Set (MDS), which skilled nursing homes use to regularly assess each resident's status. The MDS includes resident status information in the areas of medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. In Tables 20 and 21 in this report, data from these 153 facilities have been weighted to estimate the prevalence of selected characteristics among residents of all skilled nursing homes in Wisconsin. It should be noted that the MDS was extensively modified in 1996. Therefore, some comparisons of MDS data with previous years may not be appropriate.

Nursing homes in Wisconsin are licensed to accept patients with specific types of health care needs. Skilled nursing homes and intermediate-care facilities (SNFs and ICFs) provide medical care primarily to restore individuals to their rehabilitative potential. Facilities for the Developmentally Disabled (FDDs) treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy, while Institutions for Mental Diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

Nursing home residents are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. This type of care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities.

Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Residents of facilities for the developmentally disabled (FDDs) are assigned one of four levels of care, based on their severity of mental retardation, health needs and extent of maladaptive behavior. Residents with fragile health are assigned DD care level 1A, those with behavioral problems are considered DD care level 1B, persons with moderate mental retardation are considered DD care level 2 and those with mild mental retardation are assigned to DD care level 3.

The Center would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facility and residents.

Kitty Klement developed the tables for this report. Victor Jesudason prepared the initial draft. Kitty Klement, Jane Conner, Lu Ann Hahn and Kim Voss implemented various aspects of the data collection, error checking and editing activities.

A copy of the survey instrument used to collect the data presented in this report is available from the Center for Health Statistics. Suggestions, comments and requests for additional nursing home data may be addressed to:

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Key Findings

- Wisconsin had 459 nursing homes with just over 50,000 licensed beds in 1996. The 459 nursing homes are categorized by the following license types: 412 were skilled nursing facilities; five were intermediate care facilities; 38 were facilities for the developmentally disabled; and four were institutions for mental disease.
- For all facilities combined, the average daily census decreased by 3 percent between 1990 and 1996, and by 2 percent from 1995 to 1996.
- In 1996, Wisconsin nursing homes had a statewide average occupancy rate of 91 percent.
- Almost one-half of the state's nursing homes (47 percent) were owned by proprietary agencies; 36 percent of all nursing homes were nonprofit facilities and 17 percent were government-owned.
- Fifteen percent of Wisconsin nursing homes and 20 percent of all licensed beds were in Milwaukee County.
- Since federal legislation enacted in 1987 expanded the availability of Medicare funds for nursing home care, the number of Medicare-certified facilities and beds has increased significantly. By 1996, 81 percent of Wisconsin skilled nursing facilities were Medicare-certified.
- From 1987 to 1996, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 8 percent to 26 percent.
- The average per diem rate in 1996 for Wisconsin nursing home residents was \$108, an increase of 4 percent from 1995.
- On December 31, 1996, 68 percent of Wisconsin nursing home residents had Medicaid as their primary pay source, while 23 percent were private pay.
- By facility ownership, governmental homes had the lowest turnover rates among all nursing staff, while proprietary homes had the highest.
- From 1985 to 1996, the percent of residents who required intense skilled nursing or skilled nursing care upon admission to a nursing home increased from 78 percent to 96 percent.
- Medicare was the primary pay source at the time of admission for 65 percent of Wisconsin nursing home residents admitted in 1996, compared to only 12 percent in 1987.
- Thirty-eight percent of those who were admitted to a nursing home in 1996 were 75-84 years of age and 34 percent were age 85 or over.
- Most persons admitted to skilled nursing and intermediate care facilities in 1996 were admitted from acute care hospitals (76 percent).
- Thirty-eight percent of residents who were discharged from skilled or intermediate care facilities were discharged to private residences.

- The number of nursing home residents in an age group per 1,000 Wisconsin population in that age group (the nursing home utilization rate) decreased steadily from 1985 to 1996. This was especially true among those age 85 years or older, where the utilization rate decreased by percent.
- Cardiovascular disease was the largest primary disabling diagnosis for residents 95 years and over (33 percent) and also for residents age 85-94 (25 percent).
- The proportion of residents who had "do not resuscitate" orders in their medical charts increased from 62 percent in 1992 to 75 percent in 1996.

Overview of Tables and Figures

Nursing home data for 1996 and other relevant years are presented in four main sections: Nursing Home Characteristics, Nursing Home Employees, Admissions and Discharges, and Nursing Home Residents.

Unless otherwise noted, data presented are inclusive of all nursing homes and residents of the State of Wisconsin with the exception of the three Centers for the Developmentally Disabled and Clearview Sanatorium, Delafield. Additionally, tables presenting data specific to skilled nursing facilities (SNFs) and their residents are so noted. Resident-based data using the Minimum Data Set (MDS) were used to produce statewide estimates for these facilities.

Nursing Home Characteristics. This first section depicts the characteristics of Wisconsin nursing homes. Where appropriate, data from earlier years are provided for comparison purposes. Table 1, for example, compares selected 1996 data with survey data for each year since 1990. Other tables provide statewide and county-specific information about nursing homes.

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Nursing Home Residents. Included in this section is information on nursing home residents, such as their levels of care, primary pay source, utilization rates and primary disease diagnosis. As in previous sections, data for earlier years are also provided so that trends in nursing home use may be described.

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Table 1. Selected Measures of Nursing Home Utilization, 1990-1996

Measures of Utilization	1990	1991	1992	1993	1994	1995	1996
Number of Nursing Homes*	469	462	459	449	459	460	459
Licensed Beds	51,610	51,069	50,88 1	50,489	51,605	50,733	50,372
Beds Set Up and Staffed	50,767	50,286	50,075	49,345	50,624	49,937	49,421
% Beds vacant	1.6	1.5	1.6	2.4	1.9	1.6	1.9
Inpatient Days	17,146,214	17,004,404	16,970,265	16,724,578	17,052,440	16,952,540	16,678,572
% Change	-1.12	-0.83	-0.20	-1.47	1.96	-0.6	-1.6
Average Daily Census	47,026	46,607	46,439	45,997	46,719	46,482	45,618
Occupancy Rate**(in %)	91.1	91.3	91.6	91.5	90.5	91.6	90.6
Total Admissions	27,629	29,090	30,397	31,499	36,486	38,933	43,860
Total Discharges & Deaths	29,443	29,089	30,122	30,413	36,196	40,098	43,756
Total ResidentsDec. 31	47,430	46,659	46,669	45,697	46,938	45,960	45,200
Residents Age 65 & Over:							
Number	41,398	40,370	41,087	40,332	42,176	41,390	40,631
Percent	88.3	88.8	89.1	89.1	89.9	89.9	89.9
Rate***	63.6	61.09	61.50	59.7	61.7	60.6	59.2
Residents Age 85 & Over:							
Number	20,606	20,313	21,232	20,993	22,076	20,644	21,478
Percent	44.0	44.7	46.0	46.4	47.1	44.9	47.5
Rate***	277.4	267.6	272.1	261.8	264.0	246.9	246.8
Title 19 residents (in %)	65.2	67.9	67.6	68.9	66.9	65.7	68.4

^{*} Totals include only those facilities responding to the Annual Survey of Nursing Homes. (See Introduction for types of facilities excluded from the survey.)

Notes: Nursing home admissions and discharges reported for 1996 are not comparable with those reported in previous years due to changes in the federally-mandated Minimum Data Set (MDS), Version 2.0. These changes in MDS resident tracking resulted in greater numbers of events (previously unrecorded) considered to be admissions and discharges in 1996.

For comparable data for years prior to 1990, see Wisconsin Nursing Home Utilization, 1989.

- The total number of staffed beds in Wisconsin nursing homes decreased by 1 percent from 1995 to 1996, from 49,937 to 49,421.
- The average daily census decreased by about 2 percent from 1995 to 1996.
- In 1996, 247 persons per 1,000 age 85 and over (about one of every four persons in this age group) resided in nursing homes.

^{**} Occupancy rate equals average daily census divided by licensed beds, multiplied by 100.

^{***} Rate per 1,000 population.

Table 2. Nursing Home Capacity by License Type, Ownership and Bed Size

					Percent	
Selected Facility	Facil	ities	Licensed Beds		of Beds	Occupancy
Characteristics	Number	Percent	Number	Percent	Not Set Up	Rate(%)
State Total	459	100%	50,372	100%	1.9%	90.6%
License Type						
Skilled Nursing Facilities	412	90	47,605	95	1.9	90.4
Intermediate Care Facilities	5	1	162	<1	0.0	85.8
Facilities for Dev. Disabled	38	8	2,260	4	1.5	93.9
Institutions for Mental Dis.	4	1	345	1	0.0	89.0
Facility Ownership						
Governmental	77	17	10,069	20	<1	93.1
Nonprofit	166	36	17,371	34	1.3	93.3
Proprietary	216	47	22,932	46	2.8	87.4
Bed Size						
Less than 50 beds	63	14	1,962	4	1.9	88.9
50-99 beds	193	42	14,059	28	1.1	91.3
100-199 beds	154	34	20,467	41	2.3	89.8
200 beds & over	49	11	13,884	28	2.1	91.3

Notes: Nursing home beds that are not set up are licensed, but not available for occupancy.

The occupancy rate is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

- Most of Wisconsin's nursing homes are licensed as skilled nursing facilities (SNFs). In 1996, SNFs accounted for 90 percent of all nursing homes and had 95 percent of the state's licensed beds.
- In 1996, Wisconsin nursing homes had a statewide average occupancy rate of 91 percent. Facilities for the developmentally disabled had the highest average occupancy rate (94 percent), while the state's five intermediate care facilities had the lowest (86 percent).
- Almost half of all Wisconsin nursing homes (47 percent) were owned by proprietary agencies.
- Fifty-six percent of the state's nursing homes had fewer than 100 beds.

Table 3. Nursing Home Capacity by County

Table 5.		nome Capac	ity by Co		D	A	
County of	Number of	Licensed	Beds	Total Inpatient	Residents	Average Daily	Occupancy
Location Location	Facilities Second Property	Beds	Set Up	Days	on 12/31/96	Census	Occupancy Rate
State Total	459	50,372	49,421	16,678,572	45,200	45,618	90.6%
Adams	2	126	126	42,325	114	115	91.3
Ashland	3	311	287	88,585	244	241	77.5
Barron	8	542	542	188,558	517	515	95.0
Bayfield	1	80	80	26,327	77	72	90.0
Brown	18	1,637	1,622	546,262	1,471	1,495	91.3
Buffalo	3	197	197	61,327	159	168	85.3
Burnett	2	147	147	49,881	141	137	93.2
Calumet	3	258	257	83,829	230	230	89.1
Chippewa	8	803	797	271,221	743	741	92.3
Clark	5	523	511	178,716	473	489	93.5
Columbia	5	545	545	186,186	495	509	93.4
Crawford	2	169	169	57,462	157	157	92.9
Dane	23	2,322	2,260	761,958	2,044	2,080	89.6
Dodge	10	1,151	1,149	386,174	1,067	1,056	91.7
Door	3	239	239	86,038	229	235	98.3
Douglas	8	696	696	232,039	640	635	91.2
Dunn	4	354	354	117,762	312	322	91.0
Eau Claire	7	794	779	261,087	705	714	89.9
Florence	1	74	74	26,068	74	71	95.9
Fond du Lac	11	1,100	1,081	348,542	942	953	86.6
Forest	2	143	143	49,491	133	135	94.4
Grant	9	659	659	219,406	586	601	91.2
Green	3	353	333	114,833	303	313	88.7
Green Lake	3	240	240	79,494	226	217	90.4
Iowa	3	225	197	63,807	179	174	77.3
Iron	2	106	104	38,416	103	105	99.1
Jackson	2	297	203	71,154	189	194	65.3
Jefferson	7	839	821	271,911	759	743	88.6
Juneau	3	202	202	72,345	196	197	97.5
Kenosha	8	1,038	1,027	344,914	929	941	90.7
Kewaunee	2	154	154	49,550	134	135	87.7
La Crosse	9	1,219	1,219	408,233	1,109	1,115	91.5
Lafayette	1	102	102	33,034	95	90	88.2
Langlade	1	173	173	61,621	166	168	97.1
Lincoln	3	349	342	116,885	316	320	91.7
Manitowoc	8	1,068	1,059	359,278	967	982	91.9

(continued)

Table 3. Nursing Home Capacity by County

Table 3.	Number	Tome Capac	orty by co	Total	Residents	Average	
County of	of	Licensed	Beds	Inpatient	on	Daily	Occupancy
Location	Facilities	Beds	Set Up	Days	12/31/96	Census	Rate
Marathon	6	882	880	306,726	850	838	95.0
Marinette	7	659	658	233,913	628	639	97.0
Marquette	1	64	64	21,292	54	58	90.6
Milwaukee	69	9,937	9,604	3,171,513	8,587	8,696	87.5
Monroe	5	388	388	130,563	358	357	92.0
Oconto	4	322	320	112,922	307	309	96.0
Oneida	4	515	515	176,879	477	484	94.0
Outagamie	10	1,214	1,212	411,948	1,121	1,125	92.7
Ozaukee	4	531	531	178,607	494	489	92.1
Pepin	2	128	128	38,810	112	106	82.8
Pierce	5	345	344	114,507	315	313	90.7
Polk	6	483	483	166,143	453	453	93.8
Portage	2	332	331	112,763	304	308	92.8
Price	2	252	252	83,406	233	228	90.5
Racine	11	1,363	1,310	441,861	1,194	1,218	89.4
Richland	2	160	150	53,570	150	146	91.3
Rock	10	1,257	1,170	402,817	1,096	1,099	87.4
Rusk	2	161	161	55,519	154	152	94.4
St. Croix	9	704	703	231,262	628	632	89.8
Sauk	7	540	540	182,286	487	499	92.4
Sawyer	2	136	136	45,552	127	125	91.9
Shawano	6	540	529	173,925	454	475	88.0
Sheboygan	12	1,379	1,332	458,475	1,224	1,252	90.8
Taylor	3	254	252	82,479	213	226	89.0
Trempealeau	9	622	622	201,788	558	552	88.7
Vernon	4	365	365	127,732	352	350	95.9
Vilas	2	174	174	57,329	152	157	90.2
Walworth	8	763	758	262,803	716	718	94.1
Washburn	2	160	160	56,758	159	155	96.9
Washington	3	781	781	264,424	705	723	92.6
Waukesha	16	2,108	2,056	719,994	1,928	1,968	93.4
Waupaca	13	1,545	1,568	543,651	1,486	1,486	96.2
Waushara	2	162	162	52,494	150	143	88.3
Winnebago	9	1,158	1,140	395,229	1,068	1,080	93.3
Wood	7	753	752	253,913	682	694	92.2

Notes: Average daily census is the number of residents on an average day during the year.

Occupancy rate is the average percent of licensed beds occupied during the year.

• Fifteen percent of all nursing homes and 20 percent of all licensed beds were located in Milwaukee County in 1996.

Table 4. Number of Medicaid and Medicare-Certified Nursing Homes and Beds, 1975-1996

Year	Medicaid- Certified Facilities	Medicare- Certified Facilities	Medicare- Certified Beds
1975	481	64	3,066
1980	429	71	3,280
1985	429	145	4,904
1990	451	199	10,896
1991	445	200	11,374
1992	443	223	12,710
1993	437	240	14,132
1994	445	279	17,236
1995	442	309	18,412
1996	441	333	19,761

- Almost all nursing homes in Wisconsin were Medicaid-certified in 1996 (441 of 459 facilities, or 96 percent).
- Since federal legislation enacted in 1987 expanded the availability of Medicare funding for nursing home care, the number of Medicare-certified facilities and beds has steadily increased. By 1996, 81 percent of Wisconsin SNFs (333 out of 412) and 42 percent of beds in SNFs (19,761 out of 47,605) were Medicare-certified.

Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, 1987-1996

	Number of	Percent of	Number of	Total Residents
Year	Facilities	Facilities	Beds	with Alzheimer's
1987	31	8%	1,230	2,786
1988	34	9	1,325	2,794
1989	45	11	1,759	3,237
1990	49	12	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686

Note: Alzheimer's units are appropriate only for skilled nursing facilities.

- From 1987 to 1996, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 8 percent to 26 percent. The number of beds in these special units almost tripled during this time.
- Despite annual increases in the number of beds available to Alzheimer's patients, these special units had the capacity to serve only 77 percent of all nursing home residents with Alzheimer's disease in 1996.
- Nursing homes with 200 or more beds were more likely than smaller facilities to have units for residents with Alzheimer's disease.
- In 1996, governmental facilities (30 percent) were more likely to have Alzheimer's units than non-profit (18 percent) and proprietary (25 percent) nursing homes.

Table 6. Specialized Capacity of Skilled Nursing Facilities by C
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County of	Specialized Capacity Medicare-	Medicare	Alzheimer's	Alzheimer's
Location	Certified	Beds	Units	Beds
State Total	333	19,761	108	3,607
Adams	1	16	1	29
Ashland	2	56	1	49
Barron	1	97	2	43
Bayfield	1	80	0	0
Brown	13	412	4	120
Buffalo	2	142	1	22
Burnett	2	68	1	24
Calumet	3	59	0	0
Chippewa	4	203	2	120
Clark	3	234	3	80
Columbia	5	235	2	52
Crawford	1	10	0	0
Dane	19	1,100	7	159
Dodge	8	711	1	48
Door	3	114	1	17
Douglas	3	340	1	43
Dunn	2	121	1	17
Eau Claire	7	397	2	34
Florence	1	30	0	0
Fond du Lac	6	203	3	105
Forest	1	46	2	39
Grant	8	376	1	12
Green	1	22	2	43
Green Lake	3	115	1	12
Iowa	3	166	1	10
Iron	1	17	0	0
Jackson	2	75	1	28
Jefferson	3	163	0	0
Juneau	3	202	1	12
Kenosha	8	428	0	0
Kewaunee	2	69	1	20
La Crosse	7	652	2	64
Lafayette	1	102	1	14
Langlade	1	34	0	0
Lincoln	3	230	0	0
Manitowoc	5	130	4	137

(continued)

Table 6. Specialized Capacity of Skilled Nursing Facilities by County

Table 6.	Specialized Capacity			
County of	Medicare-	Medicare	Alzheimer's	Alzheimer's
Location	Certified	Beds	Units	Beds
Marathon	6	449	1	28
Marinette	6	374	1	10
Marquette	1	64	0	0
Milwaukee	59	4,011	17	778
Monroe	3	189	1	38
Oconto	3	205	1	16
Oneida	2	81	2	56
Outagamie	8	599	3	99
Ozaukee	4	354	1	36
Pepin	2	90	0	0
Pierce	5	236	1	20
Polk	3	51	0	0
Portage	1	70	1	62
Price	0	0	1	30
Racine	5	215	3	188
Richland	1	25	1	14
Rock	7	463	3	129
Rusk	2	108	0	0
St. Croix	8	458	1	10
Sauk	4	318	1	16
Sawyer	1	33	0	0
Shawano	4	85	2	27
Sheboygan	7	375	2	120
Taylor	1	30	0	0
Trempealeau	3	150	1	24
Vernon	3	306	0	0
Vilas	1	77	0	0
Walworth	6	274	1	67
Washburn	1	70	0	0
Washington	3	587	1	96
Waukesha	13	1,092	4	162
Waupaca	9	359	3	84
Waushara	2	88	0	0
Winnebago	5	158	3	79
Wood	5	262	2	65

[•] Skilled nursing facilities in Milwaukee County had 20 percent of the state's Medicare-certified beds and 22 percent of total Alzheimer's beds.

Table 7. Average Per Diem Rates by Care Level and Pay Source

		Average Per Diem Rate (\$)									
Level of Care	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	All Sources					
-			_								
Intense Skilled Nursing	\$263	\$106	\$136	\$390*	\$113*	\$141					
Skilled Nursing Care	227	90	120	245	118	110					
Intermediate Care	NA	76	104		102*	83					
Limited Care	NA	78	102		66*	88					
Personal Care	NA	66*	83			80					
Residential Care	NA	56*	70*			67					
Developmental Disabilities (DD1A)	NA	128	151*			129					
Developmental Disabilities (DD1B)	NA	128	182*		147*	128					
Developmental Disabilities (DD2)	NA	113	149*			113					
Developmental Disabilities (DD3)	NA	91	74*			87					
Traumatic Brain Injury	256*	520*	550*			498					
Ventilator-Dependent		307*	283*			304					
All Levels	\$230	\$90	\$118	\$265	\$116	\$108					

Notes: Rates shown in this table are average daily rates for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.

A '*' indicates that the per diem rate for that category was calculated based on rates for less than 30 residents, and the rates for those few residents may not be representative of typical rates. The symbol "---" indicates that there were no residents in that category.

The Category "Other" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

- The average per diem rate for the care received by Wisconsin nursing home residents was \$108 in 1996. This rate represented a 4 percent increase over the 1995 per diem rate of \$104, and a 59 percent increase over the 1990 rate of \$68.
- Managed care plans (\$245) and Medicare (\$227) paid the highest per diem rates for skilled nursing care.
- Medicaid per diem rates for intense skilled nursing and skilled nursing care were the lowest among all pay sources.

Table 8. Number of Nursing Homes Providing Selected Services to Non-Residents, 1985, 1990, 1995 and 1996

	1985	1990	1995	1996
Home Health Care	10	8	9	11
Supportive Home Care				
Personal Care	6	7	14	15
Household Services		8	13	12
Day Services	7	9	23	23
In community setting	1	0	4	5
In nursing home setting	7	9	21	18
Respite Care	45	66	120	135
In home setting	4	6	6	3
In nursing home setting	41	61	116	134
Adult Day Care	77	79	88	78
In community setting	5	7	7	10
In nursing home setting	72	72	82	69
Adult Day Health Care		2	10	12
Congregate Meals	28	38	47	53
In community setting	20	29	33	38
In nursing home setting	9	14	18	17
Home Delivered Meals	67	66	62	67
Other Meal Services	22	29	36	36
Referral Service	60	37	36	45
Transportation	19	24	28	27

Notes: Services listed in this table are defined in the Technical Notes.

Nursing homes may offer specific services in more than one setting.

- More nursing homes offered respite care, adult day care and home delivered meals to non-residents than other types of services.
- While the number of nursing homes providing services to non-residents is increasing, only a small percentage provide these services outside the nursing home in a community setting.

A "--" indicates information not separately reported in 1985.

Table 9. Nursing Home Employees

Tuble 7. Rursing Home Employees	Full-Time Equivalent	FTEs per 100
Employee Category	Employees (FTEs)	Residents
Nursing Services		
Registered Nurses	4,983.2	11.0
Licensed Practical Nurses	3,506.4	7.8
Nursing Assistants/Aides	18,173.3	40.2
Certified Medication Aides	214.8	0.5
Therapeutic Services		
Physicians & Psychiatrists	13.6	< 0.1
Psychologists	19.8	< 0.1
Dentists	1.0	< 0.1
Activity Directors & Staff	1,437.5	3.2
Physical Therapists & Assistants	675.4	1.5
Occupational Therapists & Assistants	483.7	1.1
Recreational Therapists	106.0	0.2
Restorative Speech Therapists	117.3	0.3
Qualified Mental Retardation Specialists	112.5	0.2
Other Services		
Dietitians & Food Workers	5,152.7	11.4
Social Workers	767.8	1.7
Medical Records Staff	508.2	1.1
Administrators	510.8	1.1
Pharmacists	58.6	0.1
Other Health Prof. & Technical Personnel	1,173.0	2.6
Other Non-Health Professionals &		
Non-Technical Personnel	6,538.9	14.5
Statewide Total	44,560.7	98.6

[•] Total nursing home full-time equivalent (FTE) employees statewide increased by 2.1 per residents from 1995 to 1996.

[•] Nursing assistants were by far the largest category of full-time equivalent nursing home employees statewide, with 40 FTEs per 100 residents.

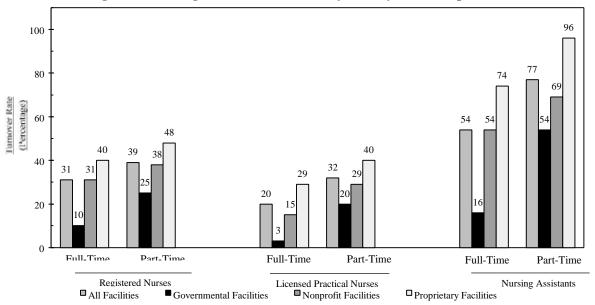


Figure 1. Nursing Staff Turnover Rate by Facility Ownership

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- Statewide, licensed practical nurses had the lowest nursing staff turnover rate during 1996 (20 percent for full-time and 32 percent for part-time LPNs), while nursing assistants had the highest (54 percent for full-time and 77 percent for part-time NAs).
- By facility ownership, governmental homes had the lowest turnover rate among all nursing staff, while proprietary homes had by far the highest.

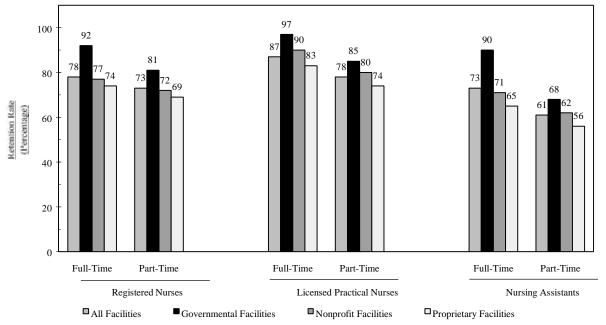


Figure 2. Nursing Staff Retention Rate by Facility Ownership

Note: The retention rate equals the percentage of employees who have worked at a facility for more than one year. This measure captures a sense of the stability of a nursing home's staff.

- Retention rates for full-time nursing staff were higher than those for part-time nursing staff for all three types of facilities in 1996.
- Governmental facilities had the highest retention rates for each nursing staff category, while proprietary facilities had the lowest.

Table 10. Level of Care for Nursing Home Residents at Time of Admission, 1985-1996

		Level of Care at Admission										
Year	SSC/ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent- Dep.	Total		
1985	250	21,644	4,984	844	265	110				28,097		
1986	133	23,051	5,276	820	236	128				29,644		
1987	128	22,496	5,087	583	184	136				28,614		
1988	216	22,454	5,094	596	159	31				28,550		
1989	417	24,091	3,968	491	111	24	1,151			30,253		
1990	404	23,111	2,924	313	58	21	379			27,210		
1991	478	25,044	2,919	255	48	18	432			29,194		
1992	504	26,757	2,571	188	35	11	479			30,545		
1993	566	27,902	2,120	165	32	6	385			31,176		
1994	590	33,391	1,982	154	26	6	321			36,470		
1995	692	36,792	1,565	79	14	5	277			39,424		
1996	3,801	38,235	1,252	85	12	3	312	24	12	43,860		

Note: DD (Developmental Disabilities) became a separate level of care in 1989, and TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996.

See Technical Notes for definitions of all level of care categories shown in this table.

Percentage

Figure 3. Level of Care at Admission, 1985-1996

Note: SSC, or Supplemental Skilled Care, was a separate level of care category in 1985. ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

■ICF-1

■SSC/ISN/SN

• From 1985 to 1996, the percent of residents who required intense skilled nursing or skilled nursing care upon admission to a nursing home increased from 78 percent to 96 percent.

Table 11. Primary Pay Source at Admission for Nursing Home Residents, 1985-1996

		1				
				Private	Managed	
Year	Medicare	Medicaid	Other	Pay	Care	Total
1985	4,953	8,878	766	13,589		28,186
1986	4,007	10,222	789	14,312		29,330
1987	3,392	9,539	684	14,834		28,449
1988	5,525	9,285	638	13,540		28,988
1989	9,197	7,664	433	11,724		29,018
1990	10,280	6,993	654	9,406		27,324
1991	11,258	7,426	473	9,587		28,744
1992	13,329	7,046	777	8,914		30,066
1993	14,743	6,912	679	8,457		30,791
1994	19,863	7,504	846	8,257		36,470
1995	24,250	6,280	479	8,138		39,147
1996	28,283	6,538	748	7,442	725	43,860

Notes: The category "Other" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

The 1996 statewide total includes 124 residents for whom primary pay source was not reported. Managed care plans were not included as a separate pay source until 1996.

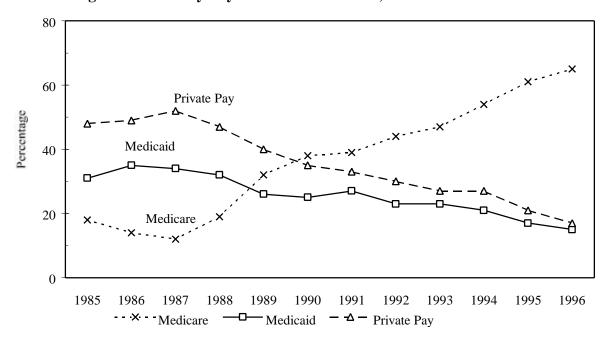


Figure 4. Primary Pay Source at Admission, 1985-1996

• Medicare was the primary pay source at the time of admission for 65 percent of Wisconsin nursing home residents admitted in 1996, compared to only 12 percent in 1987. Private pay as a primary pay source decreased from 52 percent of new admissions in 1987 to 17 percent in 1996, while Medicaid declined from 34 percent to 15 percent.

Table 12. Primary Pay Source at Admission by Level of Care

_	Pay Source at Admission									
Level of Care			Private	Managed	Other					
at Admission	Medicare	Medicaid	Pay	Care	Sources	Total				
Intense Skilled Nursing	2,930	382	181	251	57	3,801				
Skilled Nursing Care	25,346	5,359	6,427	471	632	38,359				
Intermediate Care	NA	505	707		40	1,252				
Limited Care	NA	15	56		14	85				
Personal Care	NA	NA	12			12				
Residential Care	NA	NA	3			3				
Developmental Disabilities (DD1A)	NA	89	8		2	99				
Developmental Disabilities (DD1B)	NA	91	3		1	95				
Developmental Disabilities (DD2)	NA	66	38		1	105				
Developmental Disabilities (DD3)	NA	10	3			13				
Traumatic Brain Injury	2	17	1	3	1	24				
Ventilator-Dependent	5	4	3			12				
Total	28,283	6,538	7,442	725	748	43,860				
Percent of All Residents	65	15	17	2	2	100				

Notes: Total for "Skilled Nursing Care" category includes 124 residents for whom primary pay source was not reported.

Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Percentages shown are based on total residents whose primary pay source was reported and do not add to 100 percent due to rounding.

See Technical Notes for definitions of all level of care categories shown in this table.

- Of those persons who were admitted to a Wisconsin nursing home in 1996, 38,359 (87 percent) initially received skilled nursing care and 65 percent had Medicare as their primary pay source.
- Sixty-six percent of those admitted at the skilled nursing care level had Medicare as their primary pay source and 17 percent were private pay.
- Two percent of those admitted in 1996 were covered by managed care plans.

[&]quot;---" indicates that there were no residents in that category.

Table 13. Resident Age and Level of Care at Admission

Level of Care	Age at Admission								
at Admission	<20	20-54	55-64	65-74	75-84	85-94	95+	Total	
Intense Skilled Nursing Care	16	254	248	786	1,137	575	46	3,801	
Skilled Nursing Care	40	1,434	1,661	6,578	15,133	12,051	1,429	38,359	
Intermediate Care	2	55	46	124	448	512	65	1,252	
Limited Care	0	2	5	9	31	32	6	85	
Personal Care	0	1	0	1	5	5	0	12	
Residential Care	0	0	0	0	0	1	2	3	
Developmental Disabilities (DD1A)	22	58	11	5	2	1	0	99	
Developmental Disabilities (DD1B)	12	57	19	4	3	0	0	95	
Developmental Disabilities (DD2)	7	86	8	3	0	1	0	105	
Developmental Disabilities (DD3)	1	9	0	3	0	0	0	13	
Traumatic Brain Injury	3	20	0	1	0	0	0	24	
Ventilator-Dependent	0	3	2	5	2	0	0	12	
Total, All Levels	103	1,979	2,000	7,519	16,761	13,178	1,548	43,860	
Percent of All Residents	<1	5	5	17	39	31	4	100	

Notes: The statewide total includes 772 residents whose age was not reported (739 of these residents were at the skilled nursing level).

Percentages shown are based on total number of residents whose age was reported, and do not add to 100 percent due to rounding.

See Technical Notes for definitions of all level of care categories shown in this table.

Most persons admitted to Wisconsin nursing homes in 1996 were age 75 and older: almost percent were age 75-84 and 35 percent were age 85 and older. Only about 10 percent of those admitted were under 65 years of age.

Table 14. Care Location of Nursing Home Residents Prior to Admission in 1996

	SNFs	/ICFs	FD	Ds	IM	Ds	Tot	al
Care Location	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services.	3,925	9%	114	39%	4	2%	4,043	9%
Private home/apt. with home health services	1,456	3	25	8	0	0	1,481	3
Board and care/ assisted living/ group home	1,174	3	28	10	2	1	1,204	3
Nursing home	2,480	6	23	8	7	4	2,510	6
Acute care hospital	32,684	76	23	8	29	17	32,736	75
Psychiatric hospital, MR/DD facility	366	1	69	23	42	25	477	1
Rehabilitation hospital	340	1	1	<1	1	1	342	1
Other	799	2	13	4	83	49	895	2
Total	43,396	100%	296	100%	168	100%	43,860	100%

Notes: The SNFs/ICFs column total includes 172 residents for whom care location prior to admission was not reported.

Percentages are based only on those whose care location was reported and may not add to 100 percent due to rounding.

- Most persons admitted to skilled nursing and intermediate care facilities in 1996 were admitted directly from acute care hospitals (76 percent); 9 percent were admitted from private residences and were not receiving home health agency services prior to admission.
- Thirty-nine percent of those admitted to facilities for the developmentally disabled (FDDs) came from private residences where they received no home health agency services.

Table 15. Discharge Status or Care Destination of Nursing Home Residents Discharged in 1996

Discharge Status/	SNFs/ICFs		FD	Ds	IM	Ds	Tot	al
Care Location	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	9,144	21%	78	24%	8	7%	9,230	21%
Private home/apt. with home health services	7,438	17	27	8	1	1	7,466	17
Board and care/ assisted living/ group home	2143	5	67	21	40	36	2,250	5
Nursing home	2,885	7	38	12	18	16	2,941	7
Acute care hospital	5,098	12	14	4	15	14	5,127	12
Psychiatric hospital, MR/DD facility	192	<1	28	9	5	5	225	1
Rehabilitation hospital	225	1	1	<1	0	0	226	1
Other	328	1	10	3	8	7	346	1
Deceased	15,873	37	56	18	16	14	15,945	36
Total	43,326	100%	319	100%	111	100%	43,756	100%

Note: Percentages may not add to 100 percent due to rounding.

- Among those residents discharged from skilled care or intermediate care facilities (SNFs/ICFs) in 1996, 21 percent were discharged to private residences and were not receiving home health agency services, while an additional 17 percent were discharged to private residences and were receiving home health agency services.
- Twenty-one percent of residents who were discharged from facilities for the developmentally disabled (FDDs) and 36 percent of those discharged from institutions for mental diseases (IMDs) were discharged to assisted living or group homes.

Table 16. Nursing Home Utilization Rates, 1985-1996

Age-Specific Rates per 1,000 Population

Year	55-64	65-74	75-84	85-94	95+	65+	85+
1985	6	19	78	289	588	68	312
1986	6	19	78	275	571	68	298
1987	6	18	76	240	529	65	263
1988	6	17	70	250	577	63	276
1989	5	17	70	251	591	64	278
1990	5	16	69	253	585	64	280
1991	5	15	65	245	484	61	268
1992	5	15	64	249	495	62	273
1993	5	14	61	236	537	60	261
1994	5	15	62	238	556	62	264
1995	5	15	64	227	470	61	247
1996	4	14	59	222	520	59	247

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.

The rates per 1,000 population for those age 65 and over and 85 and over are used as a general indicate.

The rates per 1,000 population for those age 65 and over and 85 and over are used as a general indicator of nursing home use.

- Wisconsin nursing home utilization rates for 1996 were consistently lower than those for 1985 among all age groups. The largest reductions occurred among the 75-84 and 85-94 year age groups (24 percent and 23 percent, respectively).
- From 1985 to 1996, the Wisconsin nursing home utilization rate for those age 65 and over decreased by 13 percent, from 68 per 1,000 population to 59 per 1,000. During this time, utilization rates declined 21 percent for those age 85 and older.
- In 1996, over one-fifth of Wisconsin residents age 85-94 and over half of those age 95 and older resided in a nursing home.

Table 17. Level of Care for Nursing Home Residents on December 31, 1985-1996

Level of Care										
Year	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent- Dep	Total
									•	
1985	496	28,986	14,432	2,973	1,360	478				48,728
1986	334	29,764	14,466	2,856	1,264	501				49,185
1987	304	28,644	15,904	2,365	814	311				48,793
1988	589	27,269	13,305	2,023	554	235				47,696
1989	940	28,697	12,673	1,669	439	166	2,217			47,389
1990	1,072	29,723	11,825	1,296	340	114	2,166			46,536
1991	1,062	28,462	9,983	865	183	50	2,940			43,545
1992	1,185	31,487	9,461	733	166	44	2,977			46,053
1993	1,172	31,753	8,785	619	127	29	2,858			45,343
1994	1,088	34,401	8,128	459	97	112	2,760			46,904
1995	1,053	34,908	7,043	360	55	18	2,486			45,923
1996	1,621	34,441	6,461	268	47	14	2,309	11	14	45,200

Note: DD (Developmental Disabilities) became a separate level of care in 1989, while TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996.

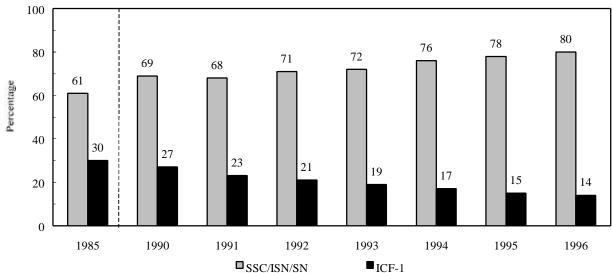


Figure 5. Level of Care on December 31, 1985-1996

Note: SSC, or Supplemental Skilled Care, was a separate level of care category in 1985. ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- The percent of residents who received intense skilled nursing or skilled nursing care at the end of each year shown increased from 61 percent in 1985 to 80 percent in 1996.
- Ninety-six percent of residents received ISN or skilled nursing care at their time of admission in 1996, compared to 80 percent on December 31. This percentage change indicates that the medical condition of some residents improved while in the nursing home, making them eligible for a lower level of care.

Percent of All Residents

Table 18. Primary Pay Source by Level of Care, December 31, 1996

Primary Pay Source: December 31, 1996 **Private** Managed Other Medicare **Level of Care** Medicaid Pay Care Sources Total 283 1.055 249 **Intense Skilled Nursing** 17 17 1.621 Skilled Nursing Care 3,073 104 389 22,420 8,455 34,455 Intermediate Care NA 4,920 1,517 24 6,461 Limited Care NA 147 112 9 268 NA 9 38 Personal Care 47 Residential Care NA 3 11 14 580 7 **Developmental Disabilities** NA 587 (DD1A) **Developmental Disabilities** NA 7 632 1 640 (DD1B) **Developmental Disabilities** NA 916 13 929 (DD2) **Developmental Disabilities** NA 125 28 153 (DD3) Traumatic Brain Injury 1 9 1 11 2 Ventilator-Dependent 12 14 Total, All Levels 3,357 30,828 10,440 121 440 45,200

Notes: Statewide total includes 14 residents in the skilled nursing care category whose primary pay source on December 31, 1996 was not reported.

68

Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing care, traumatic brain injury and ventilator-dependent care.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

23

<1

See Technical Notes for definitions of all level of care categories shown in this table.

- On December 31, 1996, 68 percent of Wisconsin nursing home residents had Medicaid as their primary pay source, while 23 percent of residents were private pay. On this same date in 1995, Medicaid was the primary pay source of 66 percent of nursing home residents.
- Most Wisconsin nursing home residents (76 percent) were receiving skilled nursing care on December 31, 1996.

100

[&]quot;---" indicates that there were no residents in that category.

Table 19. Percent of Nursing Home Residents by Age Group by Primary Disabling Diagnosis: December 31, 1996

Primary	Age Group							
Disabling Diagnosis	<55	55-64	65-74	75-84	85-94	95+	Total	
Mental Retardation	46%	19%	7%	2%	<1%	<1%	5%	
Cerebral Palsy	2	2	1	<1	<1	0	<1	
Epilepsy	<1	1	<1	<1	<1	<1	<1	
Autism	1	<1	<1	0	<1	0	<1	
Multiple Developmental Disabilities	3	2	<1	<1	<1	0	<1	
Other Developmental Disabilities	2	1	<1	<1	<1	0	<1	
Subtotal of Developmental Disabilities	53	24	8	2	<1	<1	6	
Alzheimer's Disease	1	3	7	10	9	6	8	
Other Organic/Psychotic	1	4	7	8	9	8	8	
Organic/Non-Psychotic	1	3	2	2	3	3	2	
Non-Organic/Psychotic	6	9	6	3	2	2	3	
Non-Organic/Non-Psychotic	1	2	2	1	1	2	2	
Other Mental Disorders	<1	<1	<1	<1	<1	<1	<1	
Subtotal of Mental Disorders	10	21	23	25	24	20	23	
Paraplegic	1	1	1	<1	<1	<1	<1	
Quadriplegic	2	1	<1	<1	<1	0	<1	
Hemiplegic	1	2	1	1	1	<1	1	
Subtotal of Physical Disabilities	4	4	2	2	1	<1	1	
Cancer	2	3	3	3	2	2	2	
Fractures	1	2	3	5	6	6	5	
Cardiovascular	2	6	12	17	25	33	20	
Cerebrovascular	3	8	13	13	11	8	11	
Diabetes	3	7	11	10	7	5	8	
Respiratory	1	3	4	4	3	3	3	
Alcohol & Other Drug Abuse	1	1	1	<1	<1	<1	<1	
Other Medical Conditions	20	22	20	20	20	22	20	
Subtotal of Medical Conditions	32	51	67	72	75	79	70	
Total	100%	100%	100%	100%	100%	100%	100%	
Number of Residents	2,721	1,828	5,047	14,110	17,754	3,727	45,200	

Notes: Included in the total are 13 residents for whom the primary disabling diagnosis and/or age was not reported.

Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- At least 20 percent of nursing home residents in each group aged 55 and older had a primary diagnosis of mental disease or disorder. Alzheimer's disease was the primary diagnosis for 8 percent of all residents.
- Cardiovascular disease was the primary disabling diagnosis for 25 percent of residents aged 85-94 and 33 percent of residents aged 95 and older.

Table 20. Estimated Percentage of Skilled Nursing Facility Residents Receiving Selected Therapies and Skin Care, 1992-1996

-	1992	1993	1994	1995	1996
Therapies					
Speech therapy	2%	3%	4%	5%	5%
Occupational therapy	12	14	16	16	14
Physical therapy	19	22	24	23	21
2 or more of above	10	12	14	14	13
Skin Care					
Turning/positioning	35	35	35	35	32
Pressure relieving pads	36	38	41	42	42
Wound care(including surgical)	11	12	12	12	9

Note: Statewide estimates shown in this table were obtained by appropriately weighting the data from those SNFs that provided this type of resident information to be representative of all residents of SNFs. Only SNFs provided this type of resident data.

- The Federal Omnibus Budget Reconciliation Act of 1987 (OBRA '87) directs that the care provided in nursing homes should facilitate residents to realize their full rehabilitative potential. The various therapies listed above can help nursing home residents to reach this goal. Nursing home residents who received at least two of these therapies increased from 10 percent in 1992 to 13 percent in 1996. Most of this increase occurred between 1992 and 1994.
- OBRA '87 also stipulates that nursing homes should provide skin care services so that residents do
 not develop pressure sores. Percentages of residents who received each of the types of skin care
 listed have been fairly consistent in recent years.

Table 21. Estimated Percentage of Skilled Nursing Facility Residents by Selected Indicators of Residents' "Right to be Free", 1992-1996

Indicators of "Right to be Free"	1992	1993	1994	1995	1996
With Advance Directives					
Living will	6%	6%	5%	6%	6%
"Do not resuscitate" orders	62	66	72	73	75
No hospitalization orders	10	8	12	9	8
Feeding restrictions	20	22	24	24	23
Medication restrictions	4	4	5	5	5
Psychotropic Medications					
No anti-psychotic medications	85	86	84	85	83
No anti-anxiety medications	85	86	84	84	85
No antidepressant medications	84	82	78	76	72
Restraints					
No trunk restraint	80	84	85	86	88
No limb restraint	99	99	99	100	100
No chair restraint (to prevent rising)	90	90	90	92	93
Not restrained by any of the above	74	77	77	79	82

Notes: Percentages shown for all advance directives reflect documentation available from medical records on file at the nursing home. For some residents, such documentation may be available from the medical records at their hospital(s) or from their relatives. The advance directives listed in this table are the only indicators included in the federally-mandated Minimum Data Set.

Statewide estimates shown in this table were obtained by appropriately weighting the data from the SNFs that provided this type of resident information to be representative of all residents of SNFs. Only SNFs provided this type of resident data.

- One of the major objectives of the federal Omnibus Budget Reconciliation Act of 1987
 (OBRA '87) is to ensure nursing home residents' rights to be free and to fully participate in their
 health care decisions. The indicators of rights specified in OBRA '87 include the right to use the
 telephone without being overheard, to receive unopened mail and to be free from physical
 restraints.
- To have control over the health care they receive in nursing homes, residents are encouraged to specify their preferences through advance directives. The proportion of residents with "do not resuscitate" orders increased steadily from 1992 to 1996.
- OBRA '87 also stipulates that psychopharmacologic medications may be administered only on the orders of a physician and only as part of a plan to eliminate or modify the symptoms for which the medications are prescribed. These types of medications are not to be used by the nursing home for purposes of discipline or convenience. Although OBRA '87 is intended to reduce the use of such medications, the expected reduction in the percentage of residents receiving anti-psychotic and anti-anxiety medications did not occur during the years shown in this table.
- OBRA '87 assures residents' right to be free of physical restraints and envisages only a limited and proper use of such restraints. Consequently, the proportion of residents who were not physically restrained increased from 74 percent in 1992 to 82 percent in 1996.

Definitions for Levels of Care (Tables 10, 12, 13, 17, and 18)

- <u>ISN Intense Skilled Nursing:</u> ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.
- <u>SN Skilled Nursing:</u> SN is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.
- <u>ICF-1, Intermediate Care:</u> ICF 1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness of disabilities. A registered nurse shall be responsible for nursing administration and direction.
- <u>ICF-2</u>, <u>Limited Care</u>: ICF 2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.
- <u>ICF-3, Personal Care:</u> ICF 3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.
- <u>ICF-4</u>, <u>Residential Care</u>: ICF 4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.
- <u>DD1A Care Level</u>: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.
- <u>DD1B Care Level</u>: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.
- <u>DD2 Care Level</u>: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.
- <u>DD3 Care Level</u>: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Technical Notes

<u>Traumatic Brain Injury (TBI)</u>: Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury to other body regions. The provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for continued stay in the designated traumatic brain injury program.

<u>Ventilator-Dependent</u>: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Bureau of Health Care Financing for payment of the special rate for ventilator dependency.

Definitions of Services to Non-Residents (Table 8)

(Provided by staff in Bureau of Aging)

<u>Home Health Care</u>: Provision of health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing, (2) physical or professional and licensed staff, and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide personal care related to maintaining a clean and safe environment for the patient, such as bathing, feeding, dressing, toileting, mobility assistance and incidental household services essential to health care at home.

Supportive Home Care: The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact and ensure their well-being to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Include supervised apartment living, senior companion activities, telephone reassurance, friendly visiting \and home health care. Includes payments to maintain an individual in the independent living arrangement. Excludes home and financial management training activities, 24-hour in-home child care, counseling/psychotherapy and chore services.

<u>Day Services</u>: The provision of services in day centers to persons with social, behavioral, mental, developmental or alcohol and drug abuse disorders to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the setting; education/training; counseling/psychotherapy; supervision; and personal care. Includes preschool developmental activities in a day center setting. Excludes participation in work or programs with a principle orientation of providing clients with work experiences and services provided primarily in a natural setting such as those performed by a home daily living skill trainer.

Respite Care: The provision of services which facilitate or make possible the care of dependents thereby relieving the usual care giver of stress resulting from the giving of continuous support and/or care to dependent individuals. Services, which are based upon the needs of both the regular care giver and the dependent person and which are intended to prevent individual and family breakdown or institutionalization, generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Includes assessing the need for respite, arranging for needed resources for the dependent person to enable respite to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers. Excludes actual care of the dependent person, and excludes treatment of the regular care giver to alleviate or reduce stress.

Adult Day (Health) Care: The provision of services to adults in certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult day care when provided in a senior center. Excludes senior center activities not provided as part of a certified adult day care program, day center services for adults with

developmental disabilities and in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults.

<u>Congregate Meals</u>: The provision of services and meals to persons in natural or supportive service settings to promote socializing and adequate nutrition. Provision of food is an essential part of this program. Includes the provision of nutrition education when it is an integral but subordinate part of this program.

<u>Home Delivered Meals</u>: The provision of meals to persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition.

<u>Referral Service</u>: Provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human services delivery system or community resources and referring them to appropriate resources to ensure linkage to needed resources.

<u>Transportation</u>: The provision of transportation and transportation-related supervision to the elderly, handicapped or other persons with limited ability to access needed community resources (other than human services). Includes provision of material benefits such as tickets or cash for their purchase as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, etc. independently. Excludes transportation which is provided principally to access the human service system which **MUST** be classified under the program or programs to which the transportation provides access.